

City of Gaithersburg • 31 South Summit Avenue • Gaithersburg, Maryland 20877 • Telephone: (301) 258-6330 • Fax: (301) 258-6336 plancode@giaithersburgmd.gov • www.gaithersburgmd.gov

RETAINING WALL APPLICATION

In accordance with Chapter 5, Section 113.1.6(g) of the City Code

Maryland State Law requires that commercial building contractors provide a copy of their current state license with this application.

Application No.
Date
Approvals:
Zoning Date
Code Date
Amount Due

provide a cop	by of their current state fice	iise with this a	ppiication.	Anic	ount Due
All information requeste	ed in this application must be	answered com	pletely.		
. SUBJECT PROPERT	Y				
Street Address					Suite No
Zone	Historic area designation	☐ Yes	☐ No		
Lot Block	Subdivision				
2. APPLICANT					
Name					
Street Address					Suite No
City				State	Zip Code
Telephones:	Work		Home		
3. CONTRACTOR					
Name					
Contractor's Maryland L	License Number			Telephone .	
Street Address					Suite No
City				State	Zip Code
4. PROPERTY OWNER	₹				
Name					
Street Address					Suite No
City				State	Zip Code
Telephones:	Work		Home _		
5. WALL DESCRIPTIO	DN .				
Height	_ Cost of Construction \$				
6. WORK DESCRIPTION	ON				

CI	IRAA	ISSION	DEOI	HDEA	IENITC

- a. Copy of site plan or house location plat indicating location of wall, with top and bottom wall elevations and approximate height.
- b. Copy of wall section and details.

Note: Any wall above tree (3) feet in height (except for modular walls up to four (4) feet in height) requires approval by the City engineer. Wood retaining walls over 3 feet in height are not permitted. Walls over 30 inches in height may require a guard rail.

I hereby certify that I have read and examined this application and that all statements are true and correct; furthermore, I certify that I am the Owner or Lessee of the property, or Agent or either, or the licensed Engineer, Architect, or Contractor employed in connection with this proposed work, and that the proposed work is authorized by the Owner in fee, and I am authorized to make such application.

Applicant's Name (please print)	
Applicant's Signature	Date
Daytime Telephone	